

CCAP Case Number: \_\_\_\_\_

Sentencing Date: \_\_\_\_\_

County: \_\_\_\_\_

Offender Age: \_\_\_\_\_

## Armed Robbery, Wis. Stat. § 943.32(2)

**THIS WORKSHEET ONLY APPLIES TO:**  
**Sentencing Hearings Held On or After 7/1/2005, for TIS-II Offenses (Offenses Committed On or After 2/1/2003).**

NOTE A: Where several options are presented, circle one and check *Mitigating* or *Aggravating*. [EX. Minimal / Leader]

NOTE B: Only check *Mitigating* or *Aggravating* for those factors that apply. Otherwise, leave the boxes unchecked.

OFFENSE SEVERITY	Mitigating	Aggravating
<b>Characteristics of the Offense</b>		
Value of Loss: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Motivated by Need for Basic Necessities .....	<input type="checkbox"/>	<input type="checkbox"/>
Motivated by Greed .....	<input type="checkbox"/>	<input type="checkbox"/>
Type of Weapon, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>
Conduct More Serious than Offense of Conviction.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Degree of Preparation</b>		
None or Spontaneous / Some / Extensive.....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Type of Harm</b>		
Threat / Abduction / Restraint.....	<input type="checkbox"/>	<input type="checkbox"/>
Great Bodily Harm / Extreme Emotional Harm.....	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Degree of Force .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Aggravating Factors, Wis. Stat. § 973.017</b> <input type="checkbox"/> N/A		
Concealed or Altered Appearance.....	<input type="checkbox"/>	<input type="checkbox"/>
Gang-Related Offense.....	<input type="checkbox"/>	<input type="checkbox"/>
Elderly Victim .....	<input type="checkbox"/>	<input type="checkbox"/>
Bulletproof Clothing .....	<input type="checkbox"/>	<input type="checkbox"/>
Crime Committed to Influence Governmental Policy.....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Penalty Enhancers, Wis. Stat. § 939</b> <input type="checkbox"/> N/A		
Repeat Offender (§ 939.62) .....	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous Weapon (§ 939.63).....	<input type="checkbox"/>	<input type="checkbox"/>
Hate Crime (§ 939.645).....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Role in Offense</b>		
Minimal / Leader .....	<input type="checkbox"/>	<input type="checkbox"/>
Defendant was Manipulated or Pressured.....	<input type="checkbox"/>	<input type="checkbox"/>
Abused Position of Trust / Authority .....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vulnerable Victim</b>		
Mentally Ill .....	<input type="checkbox"/>	<input type="checkbox"/>
Cognitively Deficient .....	<input type="checkbox"/>	<input type="checkbox"/>
Youthful Victim, provide age: _____	<input type="checkbox"/>	<input type="checkbox"/>
Otherwise Vulnerable, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>

RISK FACTORS	Mitigating	Aggravating
<b>Education</b>		
Grade Completed, <i>circle one</i> : -9 9 10 11 12 12+ .....	<input type="checkbox"/>	<input type="checkbox"/>
Degree Obtained: <input type="checkbox"/> None <input type="checkbox"/> GED/HSED <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Currently Enrolled	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employment History</b>		
Usually Employed .....	<input type="checkbox"/>	<input type="checkbox"/>
Same Employer for Extended Period of Time .....	<input type="checkbox"/>	<input type="checkbox"/>
Employed When Offense was Committed or at Time of Sentencing.....	<input type="checkbox"/>	<input type="checkbox"/>
Lengthy or Frequent Periods of Unemployment .....	<input type="checkbox"/>	<input type="checkbox"/>

<b>Criminal Record</b>			
Criminal Record Not a Factor, check here <input type="checkbox"/>			
No Criminal Record .....		<input type="checkbox"/>	<input type="checkbox"/>
Prior Misdemeanor(s), total number <input type="text"/> Assaultive Misdemeanors, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior felony or felonies, total number <input type="text"/> Assaultive Felonies, total number <input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Prior Offense(s) Similar to Current Offense.....		<input type="checkbox"/>	<input type="checkbox"/>
Previously Placed on Community Supervision .....		<input type="checkbox"/>	<input type="checkbox"/>
Criminal History Understates / Overstates Risk.....		<input type="checkbox"/>	<input type="checkbox"/>
On Legal Status / Not on Legal Status when Crime was Committed .....		<input type="checkbox"/>	<input type="checkbox"/>
Time Since Most Recent Conviction / Incarceration: <input type="text"/> months / yrs.....		<input type="checkbox"/>	<input type="checkbox"/>
<b>Mental and Physical Health</b>			
Mental Health Problem(s) / Physical Health Problem(s).....		<input type="checkbox"/>	<input type="checkbox"/>
Treatment for Health Problems.....		<input type="checkbox"/>	<input type="checkbox"/>
<b>Alcohol and Drug Abuse</b>			
Under the Influence When the Offense was Committed.....		<input type="checkbox"/>	<input type="checkbox"/>
Frequent Prior Abuse.....		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Prior Treatment..... <input type="checkbox"/> Never Treated For Alcohol/Drug Abuse .....		<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Factors</b>			
Married or Long-Term Relationship .....		<input type="checkbox"/>	<input type="checkbox"/>
Resides With or Supports Children.....		<input type="checkbox"/>	<input type="checkbox"/>
Family Support or Other Support Network.....		<input type="checkbox"/>	<input type="checkbox"/>
Defendant Suffered Prior Abuse.....		<input type="checkbox"/>	<input type="checkbox"/>
<b>Attitude</b>			
Remorse .....		<input type="checkbox"/>	<input type="checkbox"/>
Accepts Responsibility.....		<input type="checkbox"/>	<input type="checkbox"/>
Detailed Rehabilitative Plan in Progress.....		<input type="checkbox"/>	<input type="checkbox"/>
Cooperated with Authorities / Prosecution.....		<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: .....		<input type="checkbox"/>	<input type="checkbox"/>

#### OFFENSE INFORMATION

<b>Percent of Offenders Given Probation for the Offense since 2/2003 (TIS II effective date):</b>	<b>Penalty Classification Level:</b>	<b>Permissible Penalties:</b>
14%	Class C Felony	<p>Probation            Fine — Maximum \$100,000            Maximum Imprisonment — 40 Years</p> <ul style="list-style-type: none"> <li>• Initial Confinement — Maximum 25 Years</li> <li>• Extended Supervision — Maximum 15 Years</li> </ul>

#### RECOMMENDED SENTENCE RANGE

OFFENSE SEVERITY	RISK FACTORS		
	Lesser	Medium	High
Mitigated	<input type="checkbox"/> Prob. – 3 yrs confinement	<input type="checkbox"/> Prob. – 6 yrs confinement	<input type="checkbox"/> 5 – 10 yrs confinement
Intermediate	<input type="checkbox"/> Prob. – 6 yrs confinement	<input type="checkbox"/> 5 – 10 yrs confinement	<input type="checkbox"/> 10 – 17 yrs confinement
Aggravated	<input type="checkbox"/> 4 – 10 yrs confinement	<input type="checkbox"/> 8 – 15 yrs confinement	<input type="checkbox"/> 15 – 25 yrs confinement

OTHER FACTORS THAT MAY WARRANT SENTENCE ADJUSTMENT	Mitigating	Aggravating
PSI Recommendation .....	<input type="checkbox"/>	<input type="checkbox"/>
Read-In Offense(s).....	<input type="checkbox"/>	<input type="checkbox"/>
Effect of Multiple Counts .....	<input type="checkbox"/>	<input type="checkbox"/>
Victim Statement .....	<input type="checkbox"/>	<input type="checkbox"/>
Restitution Paid Before Sentencing .....	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney (DA) Recommendation .....	<input type="checkbox"/>	<input type="checkbox"/>
Defense Attorney Recommendation .....	<input type="checkbox"/>	<input type="checkbox"/>
Other, specify: .....	<input type="checkbox"/>	<input type="checkbox"/>